

AUTOMOBILE SCHEDULE

Name Insured: _____

VEHICLE #	YEAR	MAKE, MODEL, BODY TYPE	GVW	VIN/SERIAL #	COST NEW \$
<input type="checkbox"/> LIABILITY <input type="checkbox"/> U/M <input type="checkbox"/> PIP <input type="checkbox"/> OTHER		<input type="checkbox"/> ACV <input type="checkbox"/> STATED AMOUNT VALUE \$ _____	COMP \$ _____	DEDUCTIBLES SPEC.PERILS COLLISION \$ _____ \$ _____	

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LIENHOLDERS

UNIT(S): _____ :

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